

**APPLICATION and
QUALIFIED VENDOR AGREEMENT AWARD**

ARIZONA DEPARTMENT OF
ECONOMIC SECURITY

DIVISION OF
DEVELOPMENTAL DISABILITIES

TO: THE STATE OF ARIZONA

For clarification of this application, contact:

Federal Employer Identification Number

Company Name

Mailing Address

City _____ State _____ Zip _____

Phone Number	Fax Number
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E-Mail Address

Signature of Person Authorized to Sign Application

Printed Name

Title

Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work, amendments, etc., and the Qualified Vendor's application as accepted by the State.

This agreement shall henceforth be referred to as Qualified Vendor Agreement No._____. The begin date and the effective date of this agreement is either the date that this award is signed by the Procurement Officer or July 1, 2003, whichever is later.

Awarded this Date:

9 Att. A-1